

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

North County Democratic Unity Political Action Coalition

ADDRESS (number and street)

1531 Grand Avenue

Suite D

☐ Check if different  
than previously  
reported. (ACC)

San Marcos

CA

92078

2463

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00382861

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

1 1

0 4

2 0 0 8

in the  
State of

CA

(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 0

0 1

2 0 0 8

through

1 0

1 5

2 0 0 8

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Xavier Martinez

Signature of Treasurer

Electronically Filed by Xavier Martinez

Date

0 1

3 1

2 0 0 9

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North County Democratic Unity Political Action Coalition

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		17730.32
(b) Cash on Hand at Beginning of Reporting Period .....	16547.50	
(c) Total Receipts (from Line 19) .....	13107.00	40789.94
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	29654.50	58520.26
7. Total Disbursements (from Line 31) .....	6800.23	35665.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22854.27	22854.27
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	458.36	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

North County Democratic Unity Political Action Coalition

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1708.00	12037.93
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	11299.00	26789.10
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	13007.00	38827.03
(b) Political Party Committees .....	100.00	1255.50
(c) Other Political Committees (such as PACs) .....	0.00	300.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	13107.00	40382.53
12. Transfers From Affiliated/Other Party Committees .....	.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	407.41
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	13107.00	40789.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13107.00	40789.94

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6800.23	33185.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	6800.23	33185.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2170.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	310.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6800.23	35665.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6800.23	35665.99

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	13107.00	40382.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13107.00	40382.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6800.23	33185.99
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	407.41
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6800.23	32778.58

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

John Carr

Mailing Address PO Box 676175

City

Rancho Santa Fe

State

CA

Zip Code

92067-6175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Provident Partners

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI-408-910-c

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

John Carr

Mailing Address PO Box 676175

City

Rancho Santa Fe

State

CA

Zip Code

92067-6175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Provident Partners

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI-408-912-c

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

James Dooley

Mailing Address 1270 Olive Avenue

City

Fallbrook

State

CA

Zip Code

92028-1569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1143.44

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: SA11AI-54-860-c

Amount of Each Receipt this Period

183.00

**SUBTOTAL** of Receipts This Page (optional) .....

483.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 17

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

James Dooley

Mailing Address 1270 Olive Avenue

City

Fallbrook

State

CA

Zip Code

92028-1569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1143.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: SA11AI-54-879-c

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Kate Murashige

Mailing Address PO Box 2345

City

Rancho Santa Fe

State

CA

Zip Code

92067-2345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morrison & Foerstein

Occupation  
Patent Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI-1672-907-c

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Lynn Muto

Mailing Address PO Box 9455

City

Rancho Santa Fe

State

CA

Zip Code

92067-4455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 8

Transaction ID: SA11AI-1680-922-c

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Roth

Mailing Address PO Box 9674

City

Rancho Santa Fe

State

CA

Zip Code

92067-4674

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 8

Transaction ID: SA11AI-1684-927-c

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Martin Wilson

Mailing Address PO Box 312

City

Rancho Santa Fe

State

CA

Zip Code

92067-0312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martin Wilson, Investor

Occupation

Investor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

Transaction ID: SA11AI-1686-929-c

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

1708.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 17

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

San Diego County Democratic Party

Mailing Address 8304 Clairemont Mesa Boulevard  
Suite 108

City State Zip Code  
San Diego CA 92111-1315

FEC ID number of contributing  
federal political committee.

**C** C00402826

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1255.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: SA11B-81-880-c

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

100.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Barack Obama Store</p> <p>Mailing Address 1000 Progress Street</p> <p>City Greenville State OH Zip Code 45331-8391</p> <p>Purpose of Disbursement Reimburse: Buttons, Stickers - No Specified Federal Candidate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1634-51-V</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 133.55</p> <p><b>[MEMO ITEM]</b> Subitemization of Grace Sloan</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-64-817-e</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 14.30</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-64-847-e</p> <p>Date of Disbursement 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 12.50</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

26.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

<p><b>A.</b> Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Computer Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-64-948-e</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="75.00"/></p> <p><input type="text" value="001"/> Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lake San Marcos Convention Center</p> <p>Mailing Address Lake San Marcos Drive</p> <p>City Lake San Marcos State CA Zip Code 92078</p> <p>Purpose of Disbursement Reimburse: Fundraising Venue Rental/ No spec Fed. Candidate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-428-50-V</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3315.28"/></p> <p><input type="text" value="003"/> Category/ Type</p> <p><b>[MEMO ITEM]</b> Subitemization of James Edmondson</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) OCI Retail Computer Sciences</p> <p>Mailing Address 1651 S Juniper Street</p> <p>City Escondido State CA Zip Code 92025-6127</p> <p>Purpose of Disbursement Computer Software Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-283-949-e</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="56.94"/></p> <p><input type="text" value="001"/> Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**131.94**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

<b>A.</b> Full Name (Last, First, Middle Initial) Round Table Pizza	<b>Transaction ID:</b> SB21B-1609-45-V <b>Date of Disbursement</b>																				
Mailing Address 1161 E Washington Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	8												
City Escondido State CA Zip Code 92025-2214	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Reimburse: Volunteer Food/Beverage No Specified Federal Candidate Candidate Name	<table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>	150.00																			
150.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of Christi- ne Nava																				
<b>B.</b> Full Name (Last, First, Middle Initial) San Diego Gas & Electric (SDG&E)	<b>Transaction ID:</b> SB21B-386-56-V <b>Date of Disbursement</b>																				
Mailing Address PO Box 25111	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	0	8												
City Santa Ana State CA Zip Code 92799-5111	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Reimburse Office Utilities: SDG&E No Specified Federal Candidate Candidate Name	<table border="1"> <tr> <td colspan="10">42.66</td> </tr> </table>	42.66																			
42.66																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of Jon Mon- day																				
<b>C.</b> Full Name (Last, First, Middle Initial) James Edmondson	<b>Transaction ID:</b> SB21B-1421-881-e <b>Date of Disbursement</b>																				
Mailing Address 9717 Thorn Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	0	8												
City Escondido State CA Zip Code 92029-7639	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Reimburse: Fundraising Venue Rental / No spec. fed. candidate Candidate Name	<table border="1"> <tr> <td colspan="10">3315.28</td> </tr> </table>	3315.28																			
3315.28																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

3315.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

Jon Monday

Mailing Address 4441 La Canada Road

City Fallbrook State CA Zip Code 92028-8731

Purpose of Disbursement  
Reimburse Office Utilities: SDG&E No Specified Federal Candidate

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-28-850-e

Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

42.66

**B.**

Full Name (Last, First, Middle Initial)

Christine Nava

Mailing Address 858 Calle Montera

City Escondido State CA Zip Code 92025-7966

Purpose of Disbursement  
Reimburse: Volunteer Food/Beverage No Specified Federal Candidate

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-215-835-e

Date of Disbursement

10 / 04 / 2008

Amount of Each Disbursement this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Peter Sidlauskas

Mailing Address 145 S Fig Street

City Escondido State CA Zip Code 92025-4453

Purpose of Disbursement  
October office rent

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-380-834-e

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3192.66

**TOTAL** This Period (last page this line number only) .....

6666.68

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

A.

Full Name (Last, First, Middle Initial)

Nick Leibham for Congress

Mailing Address 425 W. 5th Avenue  
Suite 205

City Escondido State CA Zip Code 92025

Purpose of Disbursement  
Proportional Office Rent

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23-391-848-I

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Olga For City Council

Mailing Address 425 W 5th Avenue

City Escondido State CA Zip Code 92025-4843

Purpose of Disbursement  
Non-Federal Candidate Proportional Office RentCandidate Name  
Olga A Diaz001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23-461-849-I

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

0.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 15 / 17

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
City Of EscondidoNature of Debt (Purpose):  
Administrative/Salary/Ove-  
rhead-UtilitiesMailing Address Utility Billing  
P.O. Box 460009City State ZIP Code  
Escondido CA 92046-0009

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT947

Amount Incurred This Period

82.12

Payment This Period

0.00

Outstanding Balance at Close of This Period

82.12

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
City Of EscondidoNature of Debt (Purpose):  
Administrative/Salary/Ove-  
rhead-Office UtMailing Address Utility Billing  
P.O. Box 460009City State ZIP Code  
Escondido CA 92046-0009

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT1034

Amount Incurred This Period

57.21

Payment This Period

0.00

Outstanding Balance at Close of This Period

57.21

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
City Of EscondidoNature of Debt (Purpose):  
Administrative/Salary/Ove-  
rhead-UtilitiesMailing Address Utility Billing  
P.O. Box 460009City State ZIP Code  
Escondido CA 92046-0009

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT1075

Amount Incurred This Period

14.84

Payment This Period

0.00

Outstanding Balance at Close of This Period

14.84

1) **SUBTOTALS** This Period This Page (optional).....

154.17

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 / 17

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
 Christine Nava

 Nature of Debt (Purpose):  
 Fundraising-Reimburse: Fu-  
 ndraising Event

Mailing Address 858 Calle Montera

City	State	ZIP Code
Escondido	CA	92025-7966

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT915

Amount Incurred This Period

304.19

Payment This Period

0.00

Outstanding Balance at Close of This Period

304.19

1) **SUBTOTALS** This Period This Page (optional)..... ▶

304.19

2) **TOTALS** This Period (last page this line number only)..... ▶

458.36

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)..... ▶

458.36



